

# 2006 Milwaukee County BENEFITS BOOKLET



- Medical Plans
- Dental Plans
- Additional Life Insurance Plan
- Dependent Care Plan
- Short-Term Disability Plan
- Deferred Compensation Plan
- Medical Spending Account

Open Enrollment/Transfer Period  
**October 17, 2005** *through* **November 18, 2005**

*Special enrollment sessions to be scheduled for unions ratifying new contracts*

DEPARTMENT OF HUMAN RESOURCES  
EMPLOYEE BENEFITS DIVISION

Visit our Web site at: [www.mcdhr.org](http://www.mcdhr.org)

October 2005

Dear Elected Officials, County Employees, Retirees and Other Participants:

This year's benefits Open Enrollment/Transfer period will be October 17, 2005 through November 18, 2005. This is when you make your benefit selections for all of 2006. Employee benefits are a large part of your total compensation from Milwaukee County and offer critical financial protection for you, your spouse and eligible dependent children. Understanding your benefit options requires effort on your part. Employee benefit options have become increasingly more complex and you need to review this booklet to make the choices that best fit your needs.

Dental Maintenance Organizations (DMOs) and managed care programs require the use of specific providers. Contracts between these providers expire, renew or cancel at various times throughout the year. The providers you select can change during the course of the year requiring you to make another physician selection. DMOs and managed care plans also establish their own benefits, procedures and practices independent of Milwaukee county. Please take these matters into consideration, as your plan selections will be in effect for all of 2006 and cannot be changed until the next Open Enrollment/Transfer Period. Consult your physician or DMO directly to determine physician participation status for 2006.

Milwaukee County will change the administration of its Health Plans from Humana to WPS Health Insurance effective January 1, 2006. Humana will continue to pay claims for services incurred prior to January 1, 2006.

## Plan Selections You Can Make

### MEDICAL PLAN SELECTIONS

- Managed Care Plan (HMO Comparable)
  - Covenant Network
  - Patient Choice Network
- The Conventional (PPO) Medical plan
  - Patient Choice Network
  - WPS Statewide/National PPO Network
- OPT OUT of medical coverage for 2006 and receive a \$500 award (Application required each year)

### DENTAL PLAN SELECTIONS

- A DMO to the Conventional (Humana) Dental Plan
- One DMO to another
- No coverage to a DMO or Conventional (Humana) Dental Plan
- NOTE: First Commonwealth not available to DC #48 members

### SHORT-TERM DISABILITY

- Enroll, change, or terminate coverage

### OPTIONAL LIFE INSURANCE

- Participants with "Basic" Group Term Life can elect to apply for additional life insurance at favorable group rates (Not available to retirees)
- Nonrepresented employees enrolled in the "Basic" Life insurance plan can elect to apply for insurance coverage for spouse or dependents

### DEFERRED COMPENSATION

- New hires and nonparticipants may enroll at any time

### DEPENDENT CARE PROGRAM

- Employees who want to pay for eligible dependent care expenses with pretax dollars through Ceridian with an annual maximum limit of \$5,000 in 2006 must complete a NEW enrollment form even if they used the program in 2005

### MEDICAL SPENDING ACCOUNT

- Pay for up to \$3,000 in medical costs with pretax payroll deductions (Application required each year)

Please review the Benefits Checklist on page two of this booklet to make sure you have considered all of your benefit options. All applications (medical, dental, \$500 waiver award, dental, optional life insurance, dependent care, short-term disability, and medical spending account) must be received at the Milwaukee County Benefits Office, Milwaukee County Courthouse – Room 210C, NO LATER THAN 5:00 p.m. ON FRIDAY, NOVEMBER 18, 2005.

Sincerely,

Charles McDowell  
*Director of Human Resources*

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## BENEFIT INFORMATION SESSIONS

Representatives of the medical and dental plans and other benefits programs will be available to answer your questions at the locations listed below at any time between the hours indicated below. Benefits literature will be available at each plan's table to help you and your family select plans that best meet your needs for 2006. Applications for plan transfers will also be available. Employees and retirees are welcome to go to any site listed on this page that is most convenient.

### **Behavioral Health Division**

Library  
9201 W. Watertown Plank Road  
**Monday, November 7, 2005**  
1:00 p.m. – 4:00 p.m.

### **Safety Building**

Sheriff Gymnasium  
821 W. State Street  
**Thursday, October 20, 2005**  
9:00 a.m. – 1:00 p.m.

### **Marcia Coggs Center**

1220 W. Vliet  
**Thursday, November 3, 2005**  
1:00 p.m. – 4:00 p.m.

### **Wilson Park**

Main Hall  
2601 West Howard Avenue  
**Tuesday, November 1, 2005**  
3:00 p.m. – 7:00 p.m.

—and—

**Thursday, November 17, 2005**  
9:00 a.m. – 1:00 p.m.

### **House of Correction**

9225 South 68th Street  
Milwaukee County Sheriff's  
Training Academy  
**Monday, October 24, 2005**  
9:00 a.m. – 1:00 p.m.  
*Directions:* Freeway to Ryan Road,  
turn west to 68th Street. Turn right on  
68th Street and go ¼ mile to service  
drive on left. Parking lot is located  
behind the building.

### **Schlitz Park**

Cafeteria  
235 West Galena  
**Wednesday, November 9, 2005**  
1:00 p.m. – 4:00 p.m.

## 2006 BENEFITS REMINDER CHECKLIST FOR EMPLOYEES

### **Medical** (see pages 3-12 for health insurance plan information)

- Your medical plan benefits are not changing. However, you **must** select a network option for 2006.
- Are you enrolled or enrolling in the medical plan that will best fit your family's needs for 2006 (e.g. benefit level, employee costs, provider selections, convenience of residence/worksites to physicians, hospitals, family medical conditions)?
- Have you applied for the 2006 medical plan "opt-out" (waiver) award if you have the coverage you need in 2006 through another current or previous employer or through your spouse's employer's medical plan?
- If you currently use the prescription mail-order service, you may need to obtain a WPS/Medco By Mail order form.

### **Dental** (see pages 13-17 for dental plan information)

- Are you enrolled or enrolling in the dental plan that will best fit the needs of your family for 2006 (e.g. benefit level, employee costs, dentist selections, convenience of your resident/worksites to dental offices/clinics, family dental health status)?

### **Life Insurance** (see pages 18-19 for life insurance information)

- Be sure to keep your life insurance beneficiary designations up to date and that you are in compliance with marital property laws and any related divorce decree provisions. You may change your beneficiary designation at any time.
- Review your "optional life" coverage needs (even if you are currently participating).

### **Dependent Care Program** (see page 21 for information)

- Be sure to apply for 2006 even if you are currently participating or will need the program for the first time in 2006. (Review your child care/dependent parent care and tax savings options for 2006.)

### **Deferred Compensation** (IRC "457" Plan) (see page 20 for information)

- Review your retirement savings objectives (even if you are currently participating in this tax-deferred compensation program).

### **Short-Term Disability Insurance** (Accident/Sickness Policy) (see page 23 for information)

- Review your income protection needs concerning this optional benefit.

### **Commuter Value Pass** (see page 24 for information)

- Do you ride the bus to work each day or have you considered riding the bus to work?

### **Family Status Change**

- Report changes and complete appropriate forms through your payroll clerk within 30 days of any family status change (e.g. marriage, birth, adoption, etc.) to insure timely enrollment in your health and/or dental plans, and death, divorce, legal separation, annulment, dependent no longer eligible, etc., in order to protect your family's rights to federal "COBRA" Continuation/Conversion laws and to avoid premium charges to you for benefits paid for ineligible spouse/dependent(s).

### **Insurance Premium Billings**

- Milwaukee County sends insurance premium bills to former employees and employees on a Leave of Absence without pay or other no-pay status as a courtesy. Be sure to respond to premium billings you receive during periods of leave of absence, no pay status, Personnel Review Board actions, etc., so you do not jeopardize your various benefits. Failure to respond to such notices, even after returning to work, could result in termination of insurance coverage(s).



## MILWAUKEE COUNTY 2006 HEALTH BENEFITS-AT-A-GLANCE

Your health plan benefits for 2006 are not changing. However, you have new options regarding your health care delivery beginning January 1, 2006. It is important that you understand these new options and how they can best meet your health care needs. Selecting the right provider network not only serves you well, but also helps Milwaukee County address the challenge of dramatically-increasing health care costs so that we can continue to offer quality benefits for generations to come. For 2006, you can choose between two health plans:

- The Managed Care (HMO comparable) Plan includes two network options: The Covenant Direct Network and the Patient Choice Network
- The Conventional Plan includes two network options: The Patient Choice Network and the WPS Statewide/National PPO Network

### The Milwaukee County Managed Care (HMO comparable) Plan

This plan offers first dollar, paid-in-full benefits for a number of procedures as long as you stay in your provider network.

Highlights of the plan include:

- Paid-in-full physician office visits
- Paid-in-full unlimited hospitalization stays
- Paid-in-full immunizations and injections as well as durable medical equipment
- Fixed dollar co-pays for prescription drugs (\$5 for generic, \$10 for brand drugs, \$25 for non-formulary)
- Paid-in-full well-baby care
- \$100 wellness credit
- All benefits provided by in-network providers only

#### Network Option: Covenant Direct Network

When you choose Covenant Direct, you'll have access to one of the area's leading providers of health care, Covenant Healthcare. Our 34 national awards for patient satisfaction make one thing perfectly clear, our patients come first. When you walk through our doors, you'll find the advanced care you need that includes everything from wellness programs to critical care, delivered with the personal attention you and your family deserve.

- Access 6 great local hospitals including The Wisconsin Heart Hospital and Children's Hospital
- Quality, board-certified primary care physicians at over 100 locations
- Board-certified specialists in all specialties. No referrals required

**Select the Covenant Direct Network and receive discounts to fitness and nutrition centers plus: free weight management classes, free annual cardiac scan, free sports physicals, screenings, education programs and much more!**

#### Network Option: Patient Choice Network

The Patient Choice network features some of the finest hospitals and physicians in the country. The Patient Choice model is designed to facilitate a direct relationship between the patient and the doctor, removing the insurance company from medical decisions. Additional highlights include:

- Efficient use of resources that reduces incentives for unnecessary and/or duplicative tests
- Promotes wellness by encouraging patients to stay healthy, not just treating them when they are sick
- Information is available regarding performance in treating chronically ill patients with diseases such as asthma and diabetes

### The Milwaukee County Conventional Plan

This plan features comprehensive benefits with deductibles and coinsurance at both in- and out-of-network providers. Highlights of the plan include:

- \$150 per person, per year deductible (\$450 per family)
- In-network physician office visits subject to deductible and 90% coinsurance
- \$100 deductible for in-network, hospital inpatient stay
- Prescription drug coinsurance of 10% for generic and 20% for brand drugs (min. \$3, max. of \$75)
- Well-baby care subject to deductible and 80% coinsurance
- In-network and out-of-network benefits

#### Network Option: Patient Choice Network

The Patient Choice network features some of the finest hospitals and physicians in the country. The Patient Choice model is designed to facilitate a direct relationship between the patient and the doctor, removing the insurance company from medical decisions. Additional highlights include:

- Efficient use of resources that reduces incentives for unnecessary and/or duplicative tests
- Promotes wellness by encouraging patients to stay healthy, not just treating them when they are sick
- Information is available regarding performance in treating chronically ill patients with diseases such as asthma and diabetes

Also included is the National PPO Network in 41 other states that includes 345,000 physicians, 2,900 hospitals, and 25,000 specialty care facilities.

#### Network Option: WPS Statewide/National PPO Network

The WPS Statewide/National PPO Network includes more than 15,000 physicians in Wisconsin and parts of Minnesota, Illinois and Iowa. Plus, you can access a wide range of clinics and specialty care centers and over 138 hospitals. And with the national network you can access 345,000 physicians, 2,900 hospitals, and 25,000 specialty care facilities in 41 other states.

*Note: Benefits on this page are highlights only. For further details, see pages 5-7.*

**Select the Patient Choice Network and receive discounts to health, fitness and nutrition centers. Plus, select the Covenant Care System and receive free sports physicals and discounted community education programs**

## HOW TO ENROLL OR TRANSFER YOUR MEDICAL AND DENTAL COVERAGE

You **MUST** re-enroll in a medical plan and select a network of your choosing. If you want to change any of your dental or other benefit choices, or covered dependents, you will need to take the action outlined below:

1. Please complete an application at a Benefits Information Session. Employees can also contact their Payroll Clerk (retirees can contact WPS at 1-800-351-9946 or the Milwaukee County Department of Human Resources) to make any changes to other benefits or covered dependents.
2. If you previously waived your medical insurance option, but now want to enroll, you must complete a new application. Please attend a Benefits Information Session. Employees can also contact their Payroll Clerk to obtain medical coverage information.

COMPLETED APPLICATION FORMS MUST BE RECEIVED IN THE BENEFITS OFFICE BELOW ON OR BEFORE 5:00 P.M. FRIDAY, NOVEMBER 18, 2005. RETURN THE COMPLETED APPLICATION TO YOUR PAYROLL CLERK OR MAIL THEM TO:

**Milwaukee County Department of Human Resources**  
Employee Benefits Division  
Courthouse, Room 210-C  
901 North 9th Street  
Milwaukee, Wisconsin 53233

**Application\* forms received after the deadline above WILL NOT be accepted.**

Your enrollment in the medical or dental plan you select will be for the entire year of 2006. At the end of the year, you will have the option of continuing in the medical and dental plans you selected for another year or changing to any one of the other plans being offered.

### **2006 - \$500 OPT-OUT AWARD – MEDICAL COVERAGE:**

*Consult the waiver of coverage form for more details.*

Eligible employees can choose to waive medical coverage through Milwaukee County if they have group coverage through a spouse or other employment. Waiver forms can be obtained at the Employee Benefit Information sites or from your Payroll Clerk.

#### **IMPORTANT INFORMATION**

- Complete and sign the green waiver form and return it to the Benefits Office **BY 5:00 P.M. FRIDAY, NOVEMBER 18, 2005.** (You must complete a waiver election form for 2006 even if you received the waiver award in 2005.)
- Obtain and attach a letter of verification of enrollment in the other employer's group medical plan from the plan sponsor/employer (or a photocopy of a current health enrollment card in the other employer's plan).
- The lump-sum taxable \$500 opt-out award will be paid on a paycheck issued just prior to April 1, 2006.
- Re-entry for medical coverage between annual open enrollment periods is allowed with proof of involuntary loss of coverage through the other group plan due to termination of employment, layoff, divorce from spouse or death of spouse. The full \$500 award must be returned in the event you re-enter.

\*This deadline is not applicable to union employees whose union contracts were ratified after October 15, 2005.

## COMPARISON OF BENEFITS FOR EACH MEDICAL PLAN

BENEFIT	MILWAUKEE COUNTY CONVENTIONAL PLAN PATIENT CHOICE NETWORK OR WPS STATEWIDE/NATIONAL PPO NETWORK	MILWAUKEE COUNTY MANAGED CARE (HMO COMPARABLE) PATIENT CHOICE NETWORK OR COVENANT DIRECT NETWORK <i>ALL MANAGED CARE SERVICES MUST BE PROVIDED BY NETWORK PROVIDERS</i>
<b>1. HOSPITALIZATION</b> A. Number of Days  B. Medically Necessary Miscellaneous Hospital Services  C. Maternity	Up to 365 days per disability (semi-private room).  100% of approved charges.*  Hospital & physician paid at 100% of approved charges* (dependent daughters covered).	Unlimited through plan.  Provided in full through plan.  Hospital & physician charges provided in full through plan (dependent daughters covered).
<b>2. SURGICAL-MEDICAL CARE</b>	100% of approved charges.*	Provided in full through plan, no dollar limit.
<b>3. PHYSICIAN VISITS IN HOSPITAL</b>	100% of approved charges.*	Provided in full through plan.
<b>4. INPATIENT DEDUCTIBLE</b>	\$100/admission. (\$50 waived if admission is pre-certified; \$50 waived for using a preferred provider hospital.)	None.
<b>5. X-RAY AND LAB TESTS</b>	100% of approved charges.*	Provided in full through plan.
<b>6. RADIATION THERAPY</b>	100% of approved charges.*	Provided in full through plan.
<b>7. EMERGENCY CARE</b> A. Life Threatening  B. Non-Life Threatening	100% of approved charges.*  80% of approved charges* after deductible.	Provided in full through plan.  Provided in full through plan.
<b>8. MAJOR MEDICAL</b> A. Lifetime Maximum  B. Yearly Deductible 1. Physician Charge  2. All Other Major Medical Benefits  C. Coinsurance/Copayment/Deductibles	80% of approved charges after deductible (Also see 8C.) Unlimited lifetime.  \$150 per individual for in-network/\$450 family \$400 per individual for out-of-network/\$1,200 family  \$150 per individual per calendar year for in-network/\$450 family \$400 per individual for out-of-network/\$1,200 family  80% of approved charges* after deductible. Employee pays 10% - 20% to a maximum of \$1,500 per single plan and \$2,500 per family plan per year. Plan pays 90% of approved charges* after deductible if preferred provider is used.	Unlimited through plan.  No deductibles.        Applies to item 15 only.
<b>9. PHYSICIAN OFFICE VISITS</b>	80%-90% of approved charges* after deductible. (Also see 8.C.)	Provided in full through plan.
<b>10. PSYCHIATRIC CARE</b> A. Outpatient Hospital  B. Inpatient Hospital  C. Office Calls	All Mental Health/Substance Abuse care and claims are administered by MHN/HMC at 1-800-472-4992 – see page 8 for details.  Same as 10A.  Same as 10A.	Outpatient and office therapy (Up to 30 visits per calendar year)  Inpatient (Up to 10 days per calendar year).  Included in 10A.

**MILWAUKEE COUNTY CONVENTIONAL PLAN  
PATIENT CHOICE NETWORK OR  
WPS STATEWIDE/NATIONAL PPO NETWORK**

**MILWAUKEE COUNTY MANAGED CARE  
(HMO COMPARABLE)  
PATIENT CHOICE NETWORK  
OR COVENANT DIRECT NETWORK**  
*ALL MANAGED CARE SERVICES MUST BE  
PROVIDED BY NETWORK PROVIDERS*

<b>BENEFIT</b>		
<b>11. DRUG &amp; ALCOHOL ABUSE</b>		
A. Outpatient Hospital	All Mental Health/Substance Abuse care and claims are administered by MHN/HMC – see page 8 for details.	Included in 10A.
B. Inpatient Hospital	Same as 11A.	Included in 10B.
C. Office Calls	Same as 11A.	Included in 10A.
<b>12. PHYSICAL THERAPY</b>	100% of approved charges* as a hospital outpatient (80% after deductible when provided in doctor's office). Treatment must be medically necessary and must be expected to significantly improve the condition.	Short-term therapy provided in full. Limit of 60 visits per diagnosis per year.
<b>13. IMMUNIZATIONS &amp; INJECTIONS</b>	80% of approved charges* after deductible. (Also see 8.C.)	Provided in full through plan.
<b>14. DURABLE MEDICAL EQUIPMENT</b>	80% of approved charges* after deductible (should be pre-authorized by WPS). (Also see 8.C.)	Provided in full through plan.
<b>15. PRESCRIPTION DRUGS</b>	10% copayment for generic or 20% copayment for brand drugs; \$3 minimum or \$75 maximum per prescription. Patient pays difference between generic/brand drug cost when an approved generic is available. Some drugs require preauthorization. 30 day supply at participating pharmacies; 90 days through mail order.	<ul style="list-style-type: none"> <li>• \$5.00 copayment for generic or \$10.00 copayment for brand name. Patient pays the difference in drug cost for brand name when generic is available;</li> <li>• \$25.00 for nonformulary medication;</li> <li>• 30 day supply at participating pharmacies</li> </ul>
<b>16. ALLERGY CARE</b>	80% of approved charges* after deductible. (Also see 8.C.)	Provided in full through plan
<b>17. AMBULANCE</b>	First \$25 paid at 100%, balance at 80% of approved charges* after deductible.	Provided in full through plan.
<b>18. PRIVATE DUTY NURSING</b>	80% of approved charges after deductible when medically necessary.	Provided in full through plan.
<b>19. SKILLED NURSING HOME CARE</b>	Immediately following discharge as a hospital inpatient, 30 days at 100% of approved charges.* Additional 90 days covered at 80% of approved charges* after deductible (custodial care not covered).	Skilled nursing facility (Up to 100 days per admission). Provided in full.
<b>20. ORAL SURGERY</b>	100% of approved charges* for 12 specified procedures.	Provided in full through plan. Limits coverage.
<b>21. ROUTINE VISION CARE</b>	90% in-network after deductible. 80% out-of-network after deductible.	Eye exams & prescriptions covered in full when obtained from a participating provider. Lenses, frames & contacts not covered.
<b>22. PHYSICIANS' CHARGES FOR ROUTINE PHYSICAL EXAMS</b>	80% of approved charges* after deductible. (Also see 8.C.)	Provided in full through plan.
<b>23. HEARING EXAMS</b>	100% of approved charges* for diagnostic tests.	Provided in full through plan.
<b>24. HEARING AIDS</b>	Not covered.	Not covered.
<b>25. HEALTH EDUCATION &amp; COUNSELING</b>	80% of approved charges* after deductible when performed by a physician. (Also see 8.C.)	Provided through plan.

**MILWAUKEE COUNTY CONVENTIONAL PLAN  
PATIENT CHOICE NETWORK OR  
WPS STATEWIDE/NATIONAL PPO NETWORK**

**MILWAUKEE COUNTY MANAGED CARE  
(HMO COMPARABLE)  
PATIENT CHOICE NETWORK  
OR COVENANT DIRECT NETWORK**  
*ALL MANAGED CARE SERVICES MUST BE  
PROVIDED BY NETWORK PROVIDERS*

**BENEFIT**

**26. NUTRITIONAL COUNSELING**

80% of approved charges\* after deductible when performed by a physician. (Also see 8.C.)

Provided through plan.

**27. WELL-BABY CARE**

80% of approved charges\* after deductible when performed by a physician. (Also see 8.C.)

Provided through plan.

**28. FAMILY PLANNING**

80% of approved charges\* after deductible when performed by a physician. (Also see 8.C.)

Provided in full. Infertility – one work up per lifetime. Verifiable 50% copayment applies.

**29. PHYSICAL FITNESS**

Not covered.

\$100 per member wellness credit for approved programs.

**30. CHIROPRACTIC CARE**

80% of approved charges\* after deductible. (Also see 8.C.)

Provided in full through participating provider.

**31. ORGAN TRANSPLANTS**

Transplants only covered when medically necessary with prior approval.

Heart, kidney, corneal, bone marrow, lung, heart-lung and liver transplants are covered only for certain conditions, are subject to specific limitations and exclusions, and must be performed at designated hospitals. Transplants are subject to prior authorization. Consult your employer's Group Medical and Hospital Services Agreement for full information regarding coverage for organ transplants.

**32. DEPENDENT COVERAGE**

Covered from birth through the month they marry or through the calendar year they become 19, if receiving more than 50% of their support from subscriber. (Full-time dependent students covered through the end of the year they become 25.)

Covered from birth through the month they marry or through the end of the calendar year they become 19, or to the end of the year they become 25 as long as the child is attending a recognized college or university, trade or secondary school on a full-time basis. The dependent must provide less than 50% of his/her own support.

**33. EXPERIMENTAL DRUGS & PROCEDURES**

Not covered.

Not covered.

**34. SERVICE AREA**

No restrictions.

Covenant Direct (See Provider Directory)

Patient Choice (See Provider Directory)

EMPLOYEE ASSISTANCE PROGRAM AND MILWAUKEE COUNTY CONVENTIONAL MEDICAL PLAN

EMPLOYEE ASSISTANCE PROGRAM

TOLL FREE 1-800-472-4992

All employee assistance program (EAP) benefits for participants (employees and dependents) are provided by MHN/HMC.

- Up to three free sessions are available with MHN/HMC's licensed therapists for assessment, problem resolution, or referral as needed.

Mental Health/Substance Abuse Services for PPO Participants

Pre-Certification for Inpatient Admissions

- All participants MUST contact MHN/HMC before accessing inpatient mental health/substance abuse services.

Pre-Certification for Outpatient Treatment

- All participants MUST contact MHN/HMC before accessing outpatient mental health/substance abuse services.
- Failure to pre-certify will result in no coverage after the first two visits.

Benefits

- To maximize benefits under your plan, choose one of MHN/HMC's in-network providers. An MHN/HMC case manager can assist you in choosing an in-network provider who best meets your needs.
- Out-of-network providers are available at reduced benefit levels (subject to MHN/HMC's approved charges).
- Out-of-network benefits cannot be used in addition to the maximum in-network benefits.

Submitting Claims

- All mental health/substance abuse claims are processed by MHN/HMC.

- Please mail claims to:

MHN/HMC Claims  
P.O. Box 14621  
Lexington, KY 40512-4621

Precertification ensures you receive the best care and benefit level under your medical plan.

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES FOR PPO (cont.)

MHN/HMC  
1-800-472-4992

INPATIENT

	In-Network Benefits (HMC Network)	Out-of-Network Benefit	No Precertification
Deductible	NONE	\$50 per confinement	No Coverage
Coverage	80% of approved charges up to 30 days per calendar year for medically necessary treatment.	50% of approved charges of contracted rates for 30 days per calendar year for medically necessary treatment.	No Coverage

DAY TREATMENT

	In-Network Benefits (HMC Network)	Out-of-Network Benefits	No Precertification
Deductible	NONE	NONE	No Coverage
Coverage	95% of approval charges up to 30 days per calendar year for medically necessary treatment.	50% of approved charges of contracted rates for 30 days per calendar year for medically necessary treatment.	No Coverage

OUTPATIENT

	In-Network Benefits (HMC Network)	Out-of-Network Benefits	No Precertification
Deductible	NONE	NONE	No Coverage
Coverage	95% of approval charges for 25 sessions per calendar year for medically necessary treatment.	50% of approved charges of contracted rates for 15 sessions per calendar year for medically necessary treatment.	No Coverage

WPS STATEWIDE/NATIONAL PPO NETWORK MEDICAL SERVICES

TOLL FREE 1-800-333-5003

All PPO medical case management services for participants (employees, dependents, and retirees) enrolled in the Conventional Medical Plan are provided by WPS.

Pre-Certification for Inpatient Admissions

- All participants (employees, dependents, and retirees) should contact WPS Health Insurance to receive pre-certification for all inpatient hospital admissions.
- Pre-certification reduces your \$100 inpatient deductible by \$50 and guarantees your stay meets the plan requirements for medical necessity and benefit payment eligibility.
- Pre-certification notification 48 hours. Emergency notification 24 hours.

Care Coordination through WPS Value Care

WPS' team of clinical coordinators, made up of Registered Nurses and Physicians, are available to assist participants with the coordination of their care, working in partnership with the participant's personal physician on a treatment plan that maximizes their health plan benefits.

The WPS team of clinical coordinators offers participants health education, information resources, care coordination and advocacy.

If participants have the

following conditions or need the following services, they are encouraged to contact WPS at 1-800-333-5003.

- Asthma (Adult and Pediatric)
  - Chronic Kidney Disease
  - Congestive Heart Failure
  - Coronary Artery Disease
  - Diabetes (Adult and Pediatric)
  - End Stage Renal Disease (ESRD)
  - High Blood Pressure (Hypertension)
  - High Cholesterol
  - High Risk Pregnancy
  - Neonatal
- The WPS team of clinical coordinators is also available to assist participants who need:
- Dialysis
  - Durable Medical Equipment
  - Home Health Care
  - Hospitalization
  - Long-Term Care
  - Nursing Home Care
  - Outpatient Surgery
  - Rehabilitation

Benefits

- To maximize benefits under your plan, choose WPS Statewide/National PPO Network providers.
- For benefit questions call WPS at 1-800-351-9946.

Submitting Claims

- All medical claims are processed by WPS. For claims questions, please call WPS at 1-800-351-9946.
- Please mail claims to: **WPS Health Insurance, P.O. BOX 8190, Madison, WI 53713-8190**



## QUESTIONS AND ANSWERS ABOUT MEDICAL BENEFITS

Answers to the most commonly asked questions about medical benefits are listed below to assist you in making a decision about which medical plan is best for you and your family.

1. **Q.** Have my health benefits changed?  
**A.** No. Your health benefit plans have not changed. You will continue to have two plan options that are the same as the current options. The only thing that has changed is the name of the HMO plan; the HMO plan is now referred to as the Managed Care Plan (HMO comparable).
2. **Q.** Has the health insurance company changed?  
**A.** Yes. WPS Health Insurance is once again providing your health insurance coverage.
3. **Q.** Have my provider options changed?  
**A.** Yes. You now have two network options to choose from for both the Conventional and Managed Care (HMO comparable) plans. For the conventional plan, you can choose the Patient Choice Network or the WPS Statewide/National PPO Network (see pages 11 and 12 for details regarding each option).  
For the Managed Care (HMO comparable) Plan, you can choose the Covenant Direct Network or the Patient Choice Network (see pages 10 and 11 for details regarding each option).
4. **Q.** If I chose the Managed Care (HMO comparable) plan, will I have to go to an in-network physician for all of my health care needs?  
**A.** Yes. In order to have your health care costs covered under your plan, you must stay within your selected network.
5. **Q.** If I change to a different medical plan, when will the new coverage start?  
**A.** Your new medical plan will take effect January 1, 2006. There will be no lapse in coverage because your current plan will be in effect through December 31, 2005 and there will be no waiting periods for pre-existing conditions. Your commitment to the plan you choose is for one calendar year. If you change health plans for 2006 and later decide you would like to return to your former plan or enroll in a different plan, you may do so only during next year's open enrollment/transfer period.
6. **Q.** How is emergency care handled in and out of the Milwaukee area?  
**A.** Emergency care may be obtained anywhere without prior authorization, subject to notification of the plan within 24 hours of receiving emergency services requiring inpatient hospitalization. (Review your Certificate or Summary Plan Description for specific procedures you must follow to obtain emergency and follow-up care coverage.)
7. **Q.** Does changing medical plans change my dental plan choice?  
**A.** No. However, oral surgery procedures, as described in the "Comparison of Benefits" chart, must be provided under your medical plan if it is a covered benefit. Your dental plan will pay for oral surgery benefits only if the procedure is not a benefit under your medical plan and then only if it is a covered surgery under your dental plan.
8. **Q.** Do I need to tell my physician and other providers about my change to WPS Health Insurance?  
**A.** Yes. Please show all providers your new WPS ID card. They need to know billing and policy information. Remember to ask all network providers to preauthorize any required services using the number on the ID card.

**SINCE THE MEDICAL PLANS DIFFER IN CERTAIN BENEFITS AND PROCEDURES, YOU ARE ENCOURAGED TO ATTEND ANY OF THE INFORMATION SITES LISTED IN THIS BOOKLET. BEFORE YOU DECIDE TO ENROLL IN A PLAN, YOU SHOULD SEEK ANSWERS TO SUCH QUESTIONS AS:**

- Which physicians, hospitals, clinics and other providers are available to me? Options may vary by network.
- Must I use a certain pharmacy or group of pharmacies and are generic or brand-name drugs dispensed?
- If a dispute arises, how does the plan's grievance procedure work?
- How does the plan handle medical and oral surgical care for a dependent child attending school out of the plan's Milwaukee service area?



# CovenantDirect

**Great Care. Better Value.**

## ▶▶ **SMART CHOICE** for Milwaukee County Employees

Choose Covenant Direct and you'll have access to one of the area's leading health care providers. With 34 national awards for patient satisfaction, one thing is perfectly clear. Our patients come first. You'll find the advanced care you need along with the personal attention you and your family deserve.

- **No referrals to see a specialist - You decide when and where to go**
- No co-pays or deductibles
- 100% coverage for hospital care and in-network services
- Access to over 1,800 quality primary care doctors & specialists in all areas
- Easy record transfer to the doctor you choose
- Direct access to 6 great local hospitals, including Wisconsin's only specialty heart hospital:

St. Joseph Regional Medical Center  
St. Francis Hospital  
Children's Hospital of Wisconsin

St. Michael Hospital  
Elmbrook Memorial Hospital  
The Wisconsin Heart Hospital

## ▶▶ **Want To Live a Long, Healthy Life? WE'LL HELP YOU.**

**Exclusive Covenant Direct Features Include:**

- A **free** 8 week weight management program
- A **free** cardiac scan at The Wisconsin Heart Hospital
- **Free** sports readiness physicals for student athletes at specified locations
- **Discounts** to all Covenant sponsored community education programs, including the Women's Well-Being Series
- **Discounts** on all Covenant classes like Yoga, Tai Chi, Pilates
- **Discounts** at area health clubs and nutrition centers
- Online access to new **free** or **discounted** programs designed specifically for Milwaukee County employees and retirees

**Questions about Covenant Direct?**

**Call the OPEN ENROLLMENT HOTLINE at 1-800-351-9946.**

# Because You and Your Doctor Know Best



Finally, a health care model that is designed to facilitate a direct relationship between you and your doctor...without the insurance company in the middle.



The Patient Choice Network is designed to put your health first with some of the best physicians and hospitals in the area, if not the country.

At the heart of the Patient Choice Network is a Care System model. A Care System includes primary care physicians, specialists, hospitals and other health care professionals and facilities, and offer a full range of covered services. The care systems are designed to not only improve your health, but do so more effectively and efficiently.

**Milwaukee County employees can select the Patient Choice Network as part of either the Conventional or the Managed Care (HMO comparable) health plan.**

Patient Choice Care Systems are rewarded when they keep you healthy, not just when they treat you when you are in need. Care Systems participate in quality initiatives and programs that are carefully monitored and promoted.

So, put yourself first. Select Patient Choice at any of the open enrollment meetings. If you require additional information or would like to speak with a Patient Choice representative, call 1-800-351-9946.



## The PPO Network from WPS Health Insurance

If a traditional PPO network is what you are looking for, the WPS Statewide/National PPO Network offers everything you need.



The WPS Statewide/National PPO Network includes more than 15,000 physicians in Wisconsin and parts of Minnesota, Illinois and Iowa. Plus, you can access a wide range of clinics and specialty care centers and over 138 hospitals.



Plus, leaving Wisconsin does not mean that you're leaving behind easy access to medical care. Your health plan includes an out-of-state network from Beech Street. Available in 41 other states\*, you can access 345,000 physicians, 2,900 hospitals and 29,000 specialty care facilities.

Milwaukee County employees can select the WPS Statewide/National PPO Network as part of the Conventional Health Plan.



Select the WPS Statewide/National PPO Network at any of the open enrollment meetings. If you require additional information or would like to speak with a WPS Health Insurance representative, call 1-800-351-9946.

*\*Not available in these states: Alabama, Arkansas, Louisiana, Mississippi, Montana, Utah, Washington, and West Virginia.*

111 W. Pleasant St., Suite 110  
Milwaukee, WI 53212





# COMPARISON OF BENEFITS FOR EACH DENTAL PLAN

## Milwaukee County

### Conventional Plan (HumanaDental)

(Services may be received from the dentist of your choice)

- 1. Annual Maximum** (per person)  
\$1,000.
- 2. Annual Deductible**  
\$25 per person (Maximum of 3 deductibles per family per year)
- 3. Diagnostic and Preventive:**
  - A. Dental Exam and Prophylaxis (cleaning)  
100% of approved charges.\* (Once every 6 months)
  - B. Bitewing X-rays  
100% of approved charges.\* (Once every 6 months)
  - C. Full Mouth X-rays  
100% of approved charges.\* (Once every 36 months)
- 4. Simple Extractions**  
80% of approved charges.\*
- 5. Endodontics** (root canal treatment)  
80% of approved charges.\*
- 6. Restorations**
  - A. Direct (regular fillings: acrylics, amalgams, composites)  
80% of approved charges.\*
  - B. Indirect (crowns, inlays, onlays)  
50% of approved charges.\*
- 7. Periodontics**  
(treatment for diseases of the gums and supportive tissues of the teeth)  
80% of approved charges.\*
- 8. Orthodontics** (braces)  
50% of approved charges.\* with a \$1,500 lifetime maximum per person (available to persons under age 19 only)
- 9. Prosthetics** (dentures, bridges)  
50% of approved charges.\*
- 10. Emergency Treatment**  
80% of approved charges (for relief of pain only)
- 11. Ancillary Services**  
(anesthetics, antibiotic injections)  
80% of approved charges.\*
- 12. Oral Surgery**  
80% of approved charges.\*

Dependents are covered from birth through the month they marry or through the calendar year they become 19, if legally residing with subscriber and receiving more than 50% of their support from subscriber. (Full-time dependent students covered through the end of the year they become 25.)

### Care-Plus Prepaid (DMO)

(Services must be received at a Dental Associates, Ltd. Dental center)

- 1. Annual Maximum** (per person)  
No maximum
- 2. Annual Deductible**  
None
- 3. Diagnostic and Preventive:**
  - A. Dental Exam and Prophylaxis (cleaning)  
Provided in full.\*\*
  - B. Bitewing X-rays  
Provided in full.\*\*
  - C. Full Mouth X-rays  
Provided in full.\*\*
- 4. Simple Extractions**  
Provided in full.\*\*
- 5. Endodontics** (root canal treatment)  
Provided in full.\*\*
- 6. Restorations**
  - A. Direct (regular fillings: acrylics, amalgams, composites)  
Provided in full.\*\*
  - B. Indirect (crowns, inlays, onlays)  
Provided in full.\*\*
- 7. Periodontics**  
(treatment for diseases of the gums and supportive tissues of the teeth)  
Provided in full.\*\*
- 8. Orthodontics** (braces)  
Lifetime maximum patient cost is \$450.\*\* (Includes coverage for adults if approved by the plan)
- 9. Prosthetics** (dentures, bridges)  
Provided in full.\*\*
- 10. Emergency Treatment**  
Provided in full at plan provider.\*\* (\$80 maximum benefit for treatment out of service area)
- 11. Ancillary Services**  
(anesthetics, antibiotic injections)  
Provided in full.\*\*
- 12. Oral Surgery**  
Provided in full.\*\* (Covers oral surgeon fee only; hospital costs excluded)

Dependents are covered from birth through the month they marry or through the calendar year they become 19, if legally residing with subscriber and receiving more than 50% of their support from subscriber. (Full-time dependent students covered through the end of the year they become 25.)

\* Payment of the approved charges charge as determined by Humana. Charges above approved charges, if any, will be the patient's responsibility. Therefore, it is advisable to have your dentist submit a precertification form to Humana listing the dental work you need done. Humana will then inform you of the amount the plan will pay toward these services.

\*\* All dental services will be provided consistent with sound dental practice as determined by the individual plan.

<sup>1</sup>Oral surgery must be provided under your medical plan if it is a covered benefit. The dental plans will only provide oral surgical services if the procedure is not a benefit under your medical plan and then only if it is a covered procedure under your dental plan. (Check with your medical plan before proceeding with any oral surgical treatment.)

<sup>2</sup>Precious metal (Noble/High Noble metals) costs are extra and are the responsibility of the patient/insured.

NOTE: This comparison is provided only as a general summary description of dental benefits coverage. It cannot add to or take away benefits since coverage is subject to the terms and conditions of the master contract of each plan. Dental coverage not available to retirees.

## QUESTIONS AND ANSWERS ABOUT DENTAL BENEFITS

Answers to the most commonly asked questions about dental benefits are listed below to assist you in making a decision about which dental plan is best for you and your family.

1. **Q. What is the difference between the County's Conventional Dental Plan and the DMO (Dental Maintenance Organization) plans being offered?**  
**A.** The County Conventional Plan (administered by HumanaDental) allows you to obtain dental care from any dentist you choose. There is an annual maximum benefit limit, an annual deductible, and most services have a patient coinsurance requirement.  
The DMO prepaid dental plans work like an HMO. You must select your dental clinic from among those affiliated with that plan. There is no annual maximum limit on benefits and no annual deductible.
2. **Q. If I change to a different dental plan, when will the new coverage start?**  
**A.** Your new dental plan will take effect January 1, 2006. There will be no lapse in coverage because your current plan will be in effect through December 31, 2005. Your commitment to the plan you choose is for one enrollment period. If your dentist leaves the prepaid plan, you must remain in the plan and choose another dentist for the balance of the enrollment period.
3. **Q. May I get emergency dental care outside of the Milwaukee area?**  
**A.** Yes. See the dental benefit comparison chart, benefit #10, for limitations.
4. **Q. What happens if I need oral surgery?**  
**A.** Oral surgery must be provided under your medical plan if it is a covered benefit. The dental plans will only provide oral surgery services if the procedure is not a benefit under your medical plan, and then only if it is a covered surgery under your dental plan. (Check with your medical plan before proceeding with oral surgery.)
5. **Q. Does changing dental plans affect my medical plan?**  
**A.** No, except for oral surgery provisions as described in question #4. The medical and dental plans available to County employees are independent of each other and require a separate choice. Each period you will have the opportunity to select any medical plan and any dental plan for which you are eligible. If you do not change medical or dental plans during the enrollment period, you will remain in your current plan for another enrollment period.

**SINCE THE DENTAL PLANS DIFFER IN CERTAIN BENEFITS AND PROCEDURES, YOU ARE ENCOURAGED TO REVIEW THEIR LITERATURE AND TALK TO THE REPRESENTATIVES AT ANY OF THE INFORMATION SITES LISTED IN THIS BOOKLET. BEFORE YOU DECIDE TO ENROLL IN A PLAN YOU SHOULD SEEK ANSWERS TO SUCH QUESTIONS AS:**

- Which dentists or dental clinics are available to me?
- Under what conditions does the plan make referrals to dental specialists, and who chooses the specialist?
- May I change dentists or clinics at any time?
- If a dispute arises, how does the plan's grievance procedure work?
- Are there any restrictions as to the type of dental materials used in treatment (e.g., fillings, crowns, bridges, dentures, etc.)?
- What out-of-pocket expenses might I incur?
- How does the DMO handle dental coverage for a dependent child attending school out of the plan's Milwaukee service area?



## WE GIVE YOU A REASON TO SMILE

First Commonwealth, Inc., as a wholly-owned subsidiary of the Guardian Life Insurance Company of America, is proud to continue serving Milwaukee County and its employees. Together, Guardian and First Commonwealth continue to be one of the nation's largest dental benefit companies, currently insuring over five million employees.

Our superior services include:

- ☐ Outstanding coverage at an affordable cost
- ☐ State-of-the-art customer service
- ☐ 41 locations statewide to choose from
- ☐ Family members may choose different offices.

Please call our Member Services Department at 1-866-494-4542 if you have questions or to request more information.





# For Quality and Affordable Dental Care, **CARE-PLUS PREPAID**

**Services Provided by Dental Associates Ltd., Milwaukee**

- Hi-tech, state-of-the-art facilities and equipment
- Experienced, highly-trained staff of dental professionals
- Dental lab on-site
- A general dentist assigned to you personally
- One stop dentistry – All general and specialty dental care provided at each location
- Family appointment capability
- Evening and Saturday hours

**CARE-PLUS Dental Plans, Inc.**  
**414-771-1711**

**Monday thru Thursday – 7 am to 6 pm**

**Friday – 7 am to 1:30 pm**

**Alternating Saturdays – 7 am to 12 pm**

**24 Hour Emergency service, 7 days a week.**

Ample free parking and handicap accessibility.  
Two conveniently located, full service dental centers.

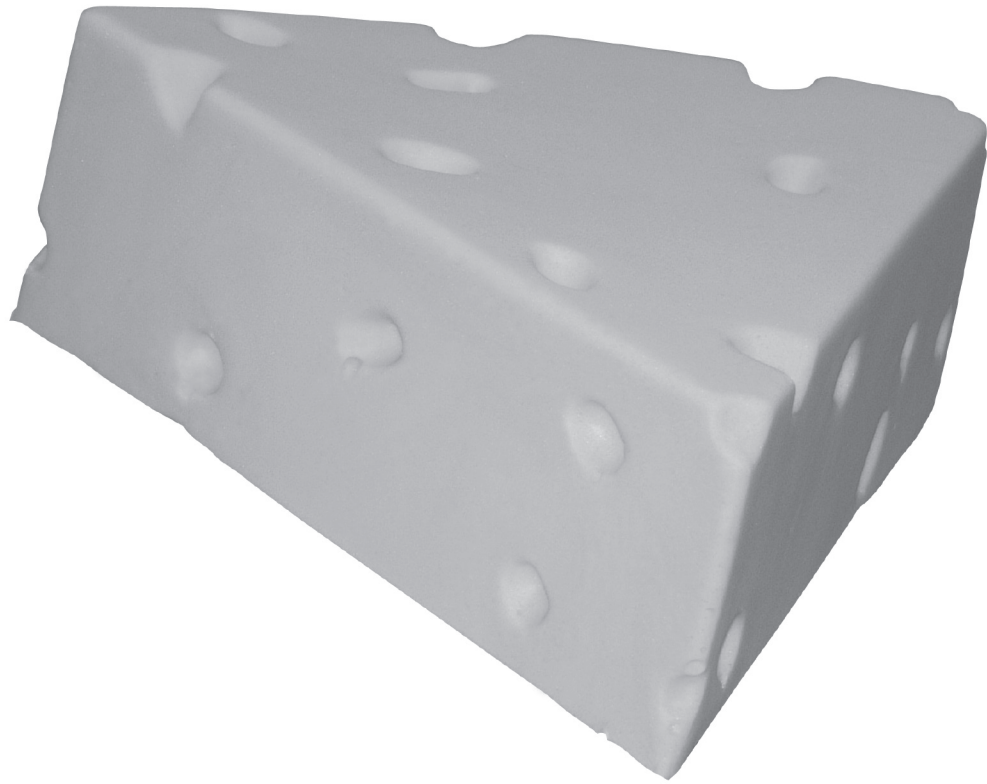


**CARE-PLUS DENTAL PLANS, INC.**

**11711 West Burleigh Street  
Wauwatosa, WI 53222**

**1135 S. Cesar Chavez Drive  
Milwaukee, WI 53204**





# Sometimes we consider this a hat.

**We don't take ourselves too seriously  
—except when it comes to your dental benefits.**



[www.humanadental.com](http://www.humanadental.com)

Headquartered in Green Bay, Wisconsin, with more than 25 years of dental benefits experience, HumanaDental is committed to exceptional service, a nationwide network, and simple plans with flexible options for small businesses to large corporations.

Call your HumanaDental sales representative at 1-800-825-9900.

# “OPTIONAL” LIFE INSURANCE ANNUAL APPLICATION PERIOD

October 17, 2005 through November 18, 2005

This “optional” program offers 24 coverage choices in amounts from \$5,000 to \$200,000 at favorable group rates. The amount you select will be in addition to your “basic” (annual salary) coverage. If you meet the underwriting standards of Met Life\* and are approved for coverage, premiums will be paid by you through the convenience of a monthly payroll deduction.

IMPORTANT CONSIDERATIONS	WHO MAY APPLY	HOW TO APPLY, INCREASE, DECREASE OR CANCEL COVERAGE	PLUS GROUP LIFE RATE TABLE MONTHLY PREMIUM RATES			
			AGE	NON- SMOKER	SMOKER	
This is “Term” insurance only. You may not borrow against it and no cash value accrues.	Employees with “Basic Coverage” **	Contact your payroll clerk for an application.	>32	0.10	0.13	To determine your monthly premium, find the appropriate rate in the table (broken down by smoking status and age) and multiply it by the number of thousands of dollars of insurance.
	Employees hired since last year’s application period who now have “Basic Coverage” in effect.	RETURN COMPLETED, SIGNED APPLICATION FORM TO DHR-EMPLOYEE BENEFITS COURTHOUSE RM 210C, BEFORE 5:00 P.M., FRIDAY, NOVEMBER 18, 2005	32	0.10	0.14	
Acceptance is not guaranteed. You must meet the current medical underwriting standards for your age and risk for the amount of coverage you want.	Current “Optional Life” participants who want to apply to increase or decrease their present coverage.	You will be notified by the insurance company within 1-2 months if your application for additional coverage is approved or denied.	33	0.10	0.14	A non-smoker is a person who has not smoked any cigarettes in the last 12 months and who has signed and given MetLife a statement to that effect.
			34	0.10	0.14	
You pay the full monthly premium every other paycheck based on your age, smoker/non-smoker status and coverage amount.	<b>NOT AVAILABLE TO RETIREES</b>	To increase or decrease your present participation, check the plan number of the exact amount of coverage you now want as shown on the application.	35	0.11	0.15	To figure your premium, follow the steps below:
			36	0.11	0.16	
If you have “Optional” coverage now, you will not lose it if your application for a higher amount is not approved.	<i>** You MAY NOT apply for this additional coverage program if you do not have “basic” coverage for any reason, for example, you did not apply or want coverage when hired, you voluntarily canceled coverage or lost coverage due to non-payment of premium while on leave of absence. You must first be approved for “basic” coverage through an insurability application.</i>	No action is necessary if you want to retain your present “Optional” coverage; contact your payroll clerk for a cancel card if you choose to terminate this coverage.	37	0.12	0.17	A. Your age _____ subtract year of birth from current calendar year
			38	0.13	0.18	
A coverage reduction schedule starts at age 60.			39	0.14	0.19	B. Are you a: smoker _____ non-smoker _____
			40	0.15	0.20	
Your beneficiaries are the same that you designated for your “Basic Coverage.”			41	0.16	0.21	C. Amount of insurance:
			42	0.17	0.22	
			43	0.18	0.25	1. Enter the rate from the table. Use age and smoking status to determine the Standard Monthly Premium rate per \$1,000 of insurance
			44	0.20	0.26	
			45	0.22	0.30	2. Enter the amount of insurance in thousands of dollars
			46	0.23	0.31	
			47	0.25	0.34	3. Standard Monthly Premium (1) X (2) = _____
			48	0.26	0.35	
			49	0.28	0.38	
			50	0.30	0.41	
			51	0.33	0.44	
			52	0.35	0.48	
			53	0.38	0.52	
			54	0.42	0.57	
			55	0.46	0.62	
			56	0.50	0.67	
			57	0.57	0.76	
			58	0.64	0.86	
			59	0.72	0.98	
			60	0.61	0.82	
			61	0.65	0.87	
			62	0.74	1.01	
			63	0.82	1.11	
			64	0.92	1.24	
			65	1.02	1.38	
			66	1.14	1.53	
			67	1.25	1.69	
			68	1.38	1.86	
			69	1.52	2.05	
			70	1.62	2.21	
			71	1.74	2.61	
			72	2.02	3.03	
			73	2.30	3.45	
			74	2.60	3.90	
			75	2.93	4.40	
			76	3.32	4.98	

\*Met Life is the county’s Life Insurance company for coverage on and after January 1, 2002.



**Protect the ones you love.**

Milwaukee County employees  
will continue to benefit from  
MetLife's experience and financial strength  
as the provider of your  
employer-paid Basic Life and  
employee-paid Supplemental Life plans.

## The MetLife Advantage:

- In the Group Life Insurance business since 1917.
- The leading provider of Group Life Insurance in the U.S.<sup>1</sup>
- Serving over 38,000 Group Life customers.<sup>2</sup>
- Covering more than 29 million participants.<sup>3</sup>
- 88 of the top one hundred FORTUNE 500® companies have chosen MetLife for Group Life.<sup>4</sup>

<sup>1</sup> Based on inforce premiums, AM Best Life/Health Volume 2005, #7.

<sup>2</sup> MetLife Company Relationship Datamart, as of 12/31/2004.

<sup>3</sup> Ibid

<sup>4</sup> FORTUNE 500®, April 2004. FORTUNE 500® is a registered trademark of FORTUNE® magazine, a division of Time, Inc.

**MetLife®**

supplemental life insurance

# Milwaukee County 457 Deferred Compensation Plan

## Take Advantage of Your Plan

- **Start Easily**

Just decide how much you want to contribute from each paycheck & enroll in your Plan.

- **Invest Directly**

Your contribution is automatically divided each pay period among the investment options you select from the choices your Plan offers.

- **Defer Taxes Immediately**

Your Plan contributions are deducted from your paycheck before federal income taxes (and most state income taxes) are figured—your contributions & any earnings grow on a tax-deferred basis, too.<sup>1</sup>

- **Save Continuously**

Through easy payroll deferral, you invest in your dreams steadily and gradually... before you see the money or have a chance to spend it.

- **Invest Confidently**

You have a variety of investment options to choose from, personal support from licensed representatives, and thorough, easy to understand educational materials all along the way.



*Please consider the investment objectives, risks, fees and expenses carefully before investing. For this and other important information you may obtain mutual fund prospectuses from your registered representative. Read them carefully before investing.*

**Your Plan's Education  
Counselor,**

**Tony Breitrick**

**will be available to  
meet with you**

**Monday-Friday**

**8:00 a.m.—4:00 p.m.**

**At the County Courthouse,  
Room 212-C or at your work  
location, as available.**

**Call (414) 223-1921, to schedule  
an individual appointment**

***Please bring your paycheck stub & most recent individual statement***



<sup>1</sup> Withdrawals are subject to ordinary income tax.

Great-West Retirement Services refers to products and services provided by Great-West Life & Annuity Insurance Company. Securities, when offered, are offered by GWFS Equities, Inc., a wholly owned subsidiary of Great-West Life & Annuity Insurance Company. Great-West Retirement Services<sup>SM</sup>, The Power of Partnering<sup>SM</sup> and Helping You Capture Your Dreams<sup>SM</sup> are service marks of Great-West Life & Annuity Insurance Company. All rights reserved. Not intended for use in New York.

Form# FL-720-457A (1/31/05) 98442-01-tb14





## Maximize your benefits. Minimize your costs.

Now you can stretch your income, reduce costs and pay less in taxes. How? By your Flexible Spending Account (FSA). A valuable benefit provided by your employer, your FSA allows you to use your pre-tax dollars to pay for health care and dependent care.

### Milwaukee County

#### 1. Determine Your Expenses

First you must estimate the amount of health care and dependent care expenses you think you will experience during the plan year. To estimate your expenses, you can use the enclosed FSA Worksheet or use the online FSA calculator at [www.ceridian.com/myceridian/fsacalculator](http://www.ceridian.com/myceridian/fsacalculator).

If you are not sure how to estimate your health or dependent care expenses review your check book and credit card statements from last year and add up your health and/or dependent care costs. This will give you a very good starting point to decide what you will contribute to the FSA next year.

For your current Plan Year 1/1/2006 to 12/31/2006

Annual Amount You May Contribute	Minimum	Maximum
<b>Health Care Flexible Spending Account</b>	<b>\$0.00</b>	<b>\$3,000.00</b>
<b>Dependent Care Flexible Spending Account</b> (married filing jointly)	<b>\$0.00</b>	<b>\$5,000.00</b>
<b>Dependent Care Flexible Spending Account</b> (married filing individually)	<b>\$0.00</b>	<b>\$2,500.00</b>

#### 2. Enroll

Complete the enrollment and sign up for your FSA during open enrollment from 10/17/2005 to 11/18/2005. You will be assigned a participant id if you chose to enroll.

- a. Web enrollment. Go to [www.benefit enroll.com](http://www.benefit enroll.com).  
User ID: Enter your Participant ID  
Password: Enter your Participant ID
- b. Telephone Enrollment:  
Dial 1-800-586-5120, then follow the instructions.  
Enter your Participant ID as the User ID and enter the same Participant ID as the password.

#### 3. Contribute

At the beginning of this plan year, the annual amount you elected is deducted from each paycheck in equal amounts 24 times throughout the year.

#### 4. Submit for Reimbursement

As you have eligible expenses throughout the year, you submit claim forms for reimbursement from your account. Reimbursements will be made to you from the FSA on a weekly basis.

Eligible claims must be incurred during the plan year. You have 90 days after the last day of the plan year to submit your claims for reimbursement.

You have 90 days following your termination from the plan to submit claims incurred while you were participating.

*Important: Calculate your annual FSA contribution wisely. According to IRS guidelines, any money in your FSA that you do not use for eligible expenses incurred during the plan year will be forfeited.*

#### Changing your Election after the Enrollment Period

You can only change your FSA election if you experience a qualified change in status. For more information on qualified change in status, review your FSA Summary Plan Description.

*make every benefit count.*

# Colonial Life & Accident Insurance Company Lifestyle Protection Series Disability Insurance

## ***Don't let physical disability turn into financial disability.***

Most people are not prepared for the possibility of becoming disabled. Very few are prepared for the financial impact resulting from disability.

Many of us take the "It could never happen to me!" attitude. Unfortunately, that approach to protecting our income could be disastrous. Consider the following:

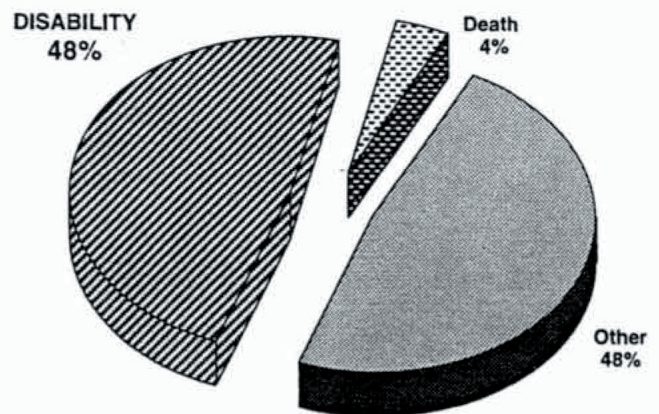


7 out of 10 workers 35-65 become disabled  
for 3 months or longer\*

- 7 out of 10 workers between the ages of 35 and 65 will suffer a disability lasting 3 months or longer. \*
- One out of every eight people becomes disabled each year.\*\*
- 48% of housing foreclosures are due to disability, while only 4% are due to death. \*\*\*

• A person 25 years old has a 50% chance of being disabled for at least 90 days before reaching age 65. At age 45, a person has a 40% chance of experiencing such a disability.\*\*\*

Falling back on savings and investments, loans from family and friends, and Social Security are often not feasible or attractive options when you are disabled. To protect your income and lifestyle, consider the advantages of Colonial Life & Accident Insurance Company's Lifestyle Protection Series Disability insurance. It could be a lifestyle saver!



*Causes of Housing  
Foreclosures\*\*\**

\* National Safety Council, Commissioners' Disability Table, National Center for Health Statistics.

\*\* 1990 Health Facts.

\*\*\* Fundamentals of Disability Income Insurance, 1988.



**COLONIAL**  
LIFE & ACCIDENT INSURANCE COMPANY  
A UNUM Company

To obtain additional information on Colonial's Lifestyle Protection Series Disability Coverage, call our Milwaukee County office,  
**(414) 964-7999.**



# COMMUTER VALUE PASS PROGRAM

## Did You Know?

### Commuter Value Pass Program:



All Milwaukee County Employees are eligible to participate in the Commuter Value Pass (CVP) program through the Milwaukee County Transit System (MCTS). As a CVP participant, you will enjoy unlimited MCTS transit including free-way flyer and trolley service as well as all special event shuttles (Summer Fest, State Fair, etc.) for only \$10.00 per month! Additionally, the Commuter Value Pass is good for 90 days at a time so you can eliminate the hassle of purchasing weekly MCTS fares. The cost for the pass is deducted from the second payroll check of each month.

### Enrollment Process:

Employees must apply for the Commuter Value Pass program at the main transit office located at 1942 N. 17th Street (Monday – Friday from 8:00 a.m. – 4:00 p.m.). Employees must bring their County I.D. card. Employees will have a photo taken and they will be requested to complete an enrollment form. Those employees who enroll by the 15th of the month will become effective on the first day of the following month. The bus pass will be forwarded directly to the employee's home, by MCTS, via US mail before the first of the month the pass becomes effective.

### Questions?

Call Milwaukee County Transit System at 343-1777 and ask about the Commuter Value Pass for Milwaukee County, or call the Human Resources Department at (414) 278-4056.





## 2006 MONTHLY PREMIUM CHART

### Employees Health Plans

County Conventional Plan	Total Single Plan	County Share	Employee Share	Total Family Premium	County Share	Employee Share
WPS Statewide/National PPO	\$927.38	\$847.38	\$80.00	\$1538.18	\$1438.18	\$100.00
Patient Choice PPO	\$760.55	\$680.55	\$80.00	\$1260.72	\$1160.72	\$100.00
<b>Managed Care (HMO Comparable)</b>						
Patient Choice	\$426.10	\$346.10	\$80.00	\$1192.94	\$1092.94	\$100.00
Covenant Direct	\$393.52	\$313.52	\$80.00	\$1101.75	\$1001.75	\$100.00

### Dental Plans

<b>County Conventional Plan</b> (Humana)	\$25.38	\$23.38	\$2.00	\$58.27	\$52.27	\$6.00
<b>Care Plus Prepaid</b>	\$32.54	\$30.54	\$2.00	\$92.75	\$86.75	\$6.00
<b>First Commonwealth Prepaid</b>	\$25.00	\$23.00	\$2.00	\$83.60	\$87.60	\$6.00

*Note: Employee contributions for medical and dental coverage are taken on a Pre-Tax basis using an IRS (Sec. 125) PLAN. Employees DO NOT have to pay Federal, State or FICA taxes on amounts deducted from their paychecks for Medical and Dental coverage provided through their employment with Milwaukee County. Dental contribution is for employees hired after the effective date in labor agreements or county ordinances, general, July 31, 1989.*

*Employees on leaves of absence and temporary "continuation of coverage" participants who are required to pay the full monthly premium shall pay 102% of the premiums above, according to applicable Federal (COBRA) laws.*

*First Commonwealth DMO is not available to members of District #48, AFSCME.*

*Members of the Deputy Sheriffs Association should consult their labor agreement for benefits, and required health and dental contributions.*

### Retirees

County Conventional Plan	Single Person not on Medicare	Family not on Medicare	One person on Medicare*	Two persons on Medicare*	One person on Medicare* and one person without Medicare	Two persons on Medicare* and dependent child(ren)
WPS Statewide/National PPO	\$927.38	\$1538.18	\$481.26	\$962.52	\$1334.85	\$1232.88
Patient Choice	\$760.55	\$1260.72	\$481.26	\$962.52	\$1079.54	\$1011.02
<b>Managed Care (HMO Comparable)</b>						
Patient Choice	\$761.65	\$2132.14	\$338.47	\$676.94	\$1103.04	\$1017.52
Covenant Direct	\$703.78	\$1970.56	\$312.82	\$625.64	\$1019.17	\$940.40

*Retirees: If you are paying the cost of your medical plan, refer to the above chart to determine what your monthly premium will be for the medical plan you select. (Premium payment will be by monthly pension deduction or by separate billing if the premium exceeds your monthly pension benefit.)*

*"ON MEDICARE" means having both Part A (Hospital insurance) and Part B (Medical insurance). If you are continuing your dental coverage under COBRA, refer to the Dental Plan chart above for the monthly premium.*



## FOR ADDITIONAL INFORMATION (Medical and Dental Plans)

If you are unable to go to one of the information sites listed in this booklet, WPS Health Insurance and DMO will send out additional information on request or answer any questions you may have.

### MEDICAL

- **MILWAUKEE COUNTY CONVENTIONAL PLAN**
  - **PATIENT CHOICE NETWORK**
  - **WPS STATEWIDE/NATIONAL PPO NETWORK**
- **MANAGED CARE PLAN (HMO Comparable)**
  - **COVENANT DIRECT NETWORK**
  - **PATIENT CHOICE NETWORK**

**WPS Health Insurance** ..... 1-800-351-9946 or 414-224-8838  
(Directory mail-out. Phone information about benefit levels and claims processing.)  
Call between the hours of 7:00 a.m. and 7:00 p.m. Monday through Friday.

### MILWAUKEE COUNTY'S CONVENTIONAL DENTAL PLAN

**HumanaDENTAL (PLAN ADMINISTRATOR)** ..... 1-888-393-6765  
(Phone information about benefit levels and claims processing)

### DENTAL (DMOs)

(Phone information and packet mail-out)

**CARE-PLUS DENTAL PLANS INC.** ..... 414-771-1711  
**FIRST COMMONWEALTH** ..... 1-866-494-4542  
Call between the hours of 9:00 a.m. and 4:00 p.m. Monday through Friday.

### Employee Assistance Program-Mental Health/Substance Abuse

**HEALTH MANAGEMENT CENTER (Access to Service)**

- EAP service for all enrollees ..... 1-800-472-4992 or 414-259-0506
- Mental Health/Substance Abuse for  
Conventional Medical Plan (PPO participants) ..... 1-800-472-4992 or 414-259-0506

**THIS BROCHURE DESCRIBES THE MEDICAL AND DENTAL BENEFIT PROGRAMS IN GENERAL TERMS ONLY AS OF THE DATE OF THIS PRINTING. IT IS NOT INTENDED TO BE A COMPLETE DESCRIPTION OF COVERAGE AND ANY STATEMENTS IN THIS BROCHURE ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER CONTRACT OF EACH PLAN AND THE RELEVANT COUNTY ORDINANCES AND BARGAINING UNIT AGREEMENTS.**